

DECLARATION OF INTEREST

Company Name: _____

Physical Address: _____

Company Registration No.: _____

Company Tax No.: _____

Contact Person: _____ Tel No.: _____

Fax No.: _____

Full details of directors / trustees / members / shareholders

NAME	ID NUMBER	Personal Income Tax Reference Number	State Employee Number / Persal Number

NB: A bidder may be required to furnish proof of the above information if necessary. If the information supplied is found to be false, the department may: Disqualify the bidder from the quotation process or cancel the order and recover any damages incurred as a result of such cancellation. Suppliers must re-submit the form if any information submitted changes.

BBBEE Status Level: _____ (Please attach BBBEEE Certificate)

DECLARATION OF INTEREST

Is the owner / any member of the company employed by the state? Yes No

If so please furnish the following details:

Department: _____ have you obtained approval: Yes No
(Copy of approval must be submitted together with the quotation)

Does the owner or any member of the company have a relationship (family, friend, other) with a person employed by the state who may be involved in the evaluation or adjudication of Bids/Quotations? Yes No

If YES furnish particulars: _____

SIGNATURE..... Date: _____
(Service Provider)

Company stamp
